

10/594873

## Application Data Sheet

### Application Information

**Application number:**

**Filing Date:**

**Application Type:** Regular

**Subject Matter:** Utility

**Suggested Classification:**

**Suggested Group Art Unit:**

**CD-ROM or CD-R:** None

**Number of CD Disks:**

**Number of copies of CDs:**

**Sequence Submission?**

**Computer Readable Form (CRF)?**

**Number of Copies of CRF:**

**Title:** HOT-FILL BOTTLE HAVING FLEXIBLE  
PORTIONS

**Attorney Docket Number:** CNST-3610

**Request for Early Publication:** No

**Request for Non-Publication:** No

**Suggested Drawing Figure:** n/a

**Total Drawing Sheets:** 10

**Small Entity?:** No

**Latin name:**

**Variety denomination name:**

**Petition included?:** No

**Petition Type:**

**Licensed US Govt. Agency:**

**Contract or Grant Numbers:**

**Secrecy Order in Parent Appl.?:** No

## Applicant Information

<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	India
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Monis
<b>Middle Name:</b>	
<b>Family Name:</b>	Bangi
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Woodridge
<b>State or Province of Residence:</b>	Illinois
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	7319 Woodward Avenue
<b>City of mailing address:</b>	Woodridge
<b>State or Province of mailing address:</b>	Illinois
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	60423
<b>Applicant Authority Type:</b>	Inventor
<b>Primary Citizenship Country:</b>	United States of America
<b>Status:</b>	Full Capacity
<b>Given Name:</b>	Michael
<b>Middle Name:</b>	R
<b>Family Name:</b>	Mooney
<b>Name Suffix:</b>	
<b>City of Residence:</b>	Frankfort
<b>State or Province of Residence:</b>	Illinois
<b>Country of Residence:</b>	United States of America
<b>Street of mailing address:</b>	21365 Bramble Drive
<b>City of mailing address:</b>	Frankfort
<b>State or Province of mailing address:</b>	Illinois
<b>Country of mailing address:</b>	United States of America
<b>Postal or Zip Code of mailing address:</b>	60423

## Correspondence Information

**Correspondence Customer No.:** 23377

**Name:**

**Street of Mailing Address:**

**City of Mailing Address:**

**State or Province of Mailing Address:**

**Country of Mailing Address:**

**Postal or Zip Code of Mailing**

**Address:**

**Phone number:**

**Fax number:**

## Representative Information

**Representative Customer No.:** 23377

## Domestic Priority Information

<b>Application:</b>	<b>Continuity Type:</b>	<b>Parent Application:</b>	<b>Parent Filing Date:</b>
This is	An application claiming the benefit under 35 USC 119(e)	60/558,790	April 1, 2004
This is		11/091,564	March 28, 2005

## Foreign Priority Information

<b>Country:</b>	<b>Application No.:</b>	<b>Filing Date:</b>	<b>Priority Claimed:</b>

## **Assignee Information**

**Assignee name:** Constar International Inc.  
**Street of mailing address:** One Crown Way  
**City of mailing address:** Philadelphia  
**State or Province of mailing address:** Pennsylvania  
**Country of mailing address:** United States of America  
**Postal or Zip Code of mailing address:** 19154